ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

STH

BLDR 2023-20788

PERMIT # OSWP 2022-5403

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4743 -- 17 -- 4736

APPLICANT/OWNER: Adrián Ortiz | APPLICANT ADDRESS: 1707 Shelton Ave. Statesville NC 28677

SITE ADDRESS: 204 Whites Mill Rd Statesville NC 28677 | PHONE: 7046570843 | ALT. PHONE —

SITE DIRECTIONS: Hwy 21S → (L) Amity Hill Rd → (L) Whites Mill Rd → site on (R) | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: JB Fraley | SECTION: — | LOT # 1-3+PT4 | LOT AREA: — | DESIGN FLOW: 240 | L.T.A.R.: EXT

Septic Tank ____ (gal) STB ____ Date ____
Pump Tank ____ (gal) PT ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Fields ____ # Lines ____ Linear Ft ____
Trench Width ____ Trench Bottom Depth(Low side) ____ Gravel Depth ____

EXISTING

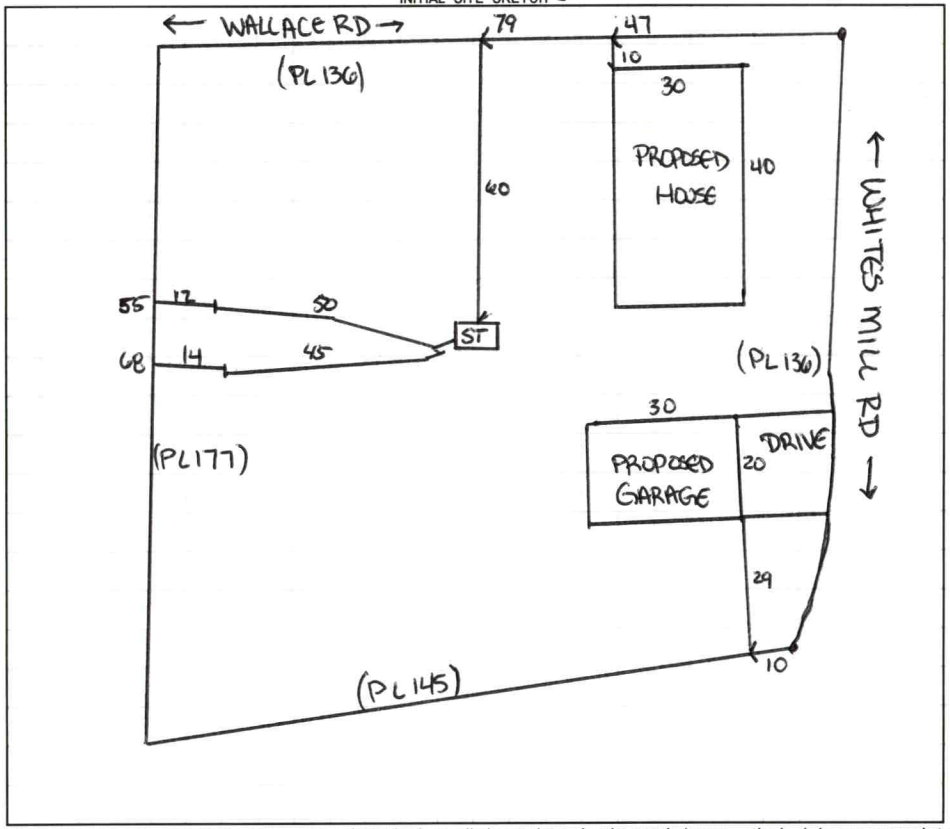
☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: EXISTING
Repair System Description:
Maintenance Agreement Required: ☐ YES ☐ NO
☐ GRAVITY ☐ PRESSURE

☒ Residence | No. Bedrooms 2
☐ Business | No. Persons 4
☐ Other | No. Employees ____
☒ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: System functioning properly at time of inspection. See OSWP 2023-31276 for previous tank replacement. Keep all structures 10' from septic system. See attached floorplans.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** ***with plat*** *valid without expiration.* ☒ **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: ____ Date: ____ Installed by: ____

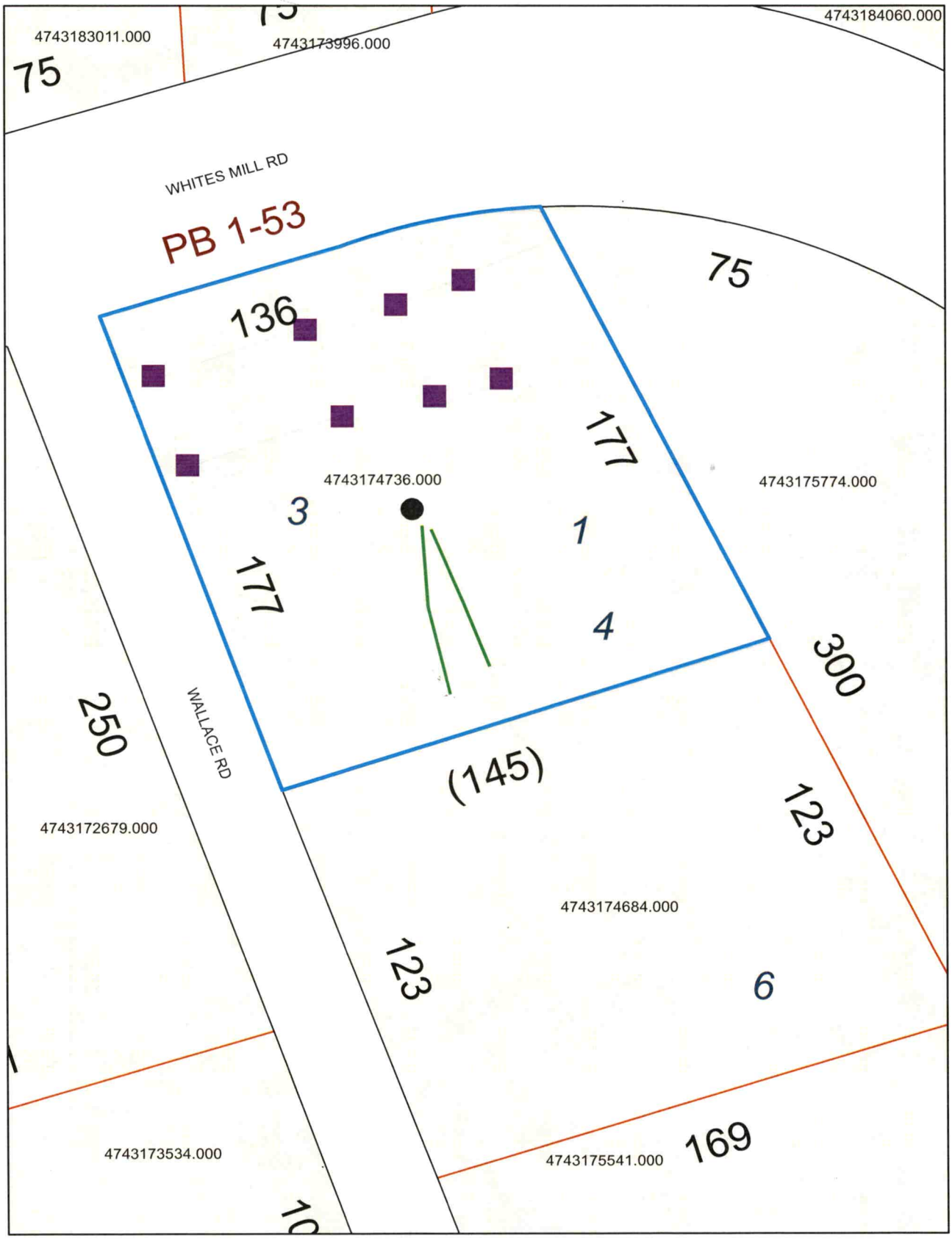
IMPROVEMENT PERMIT by: ____ Date: ____ OPERATION PERMIT by: ____ Date: ____

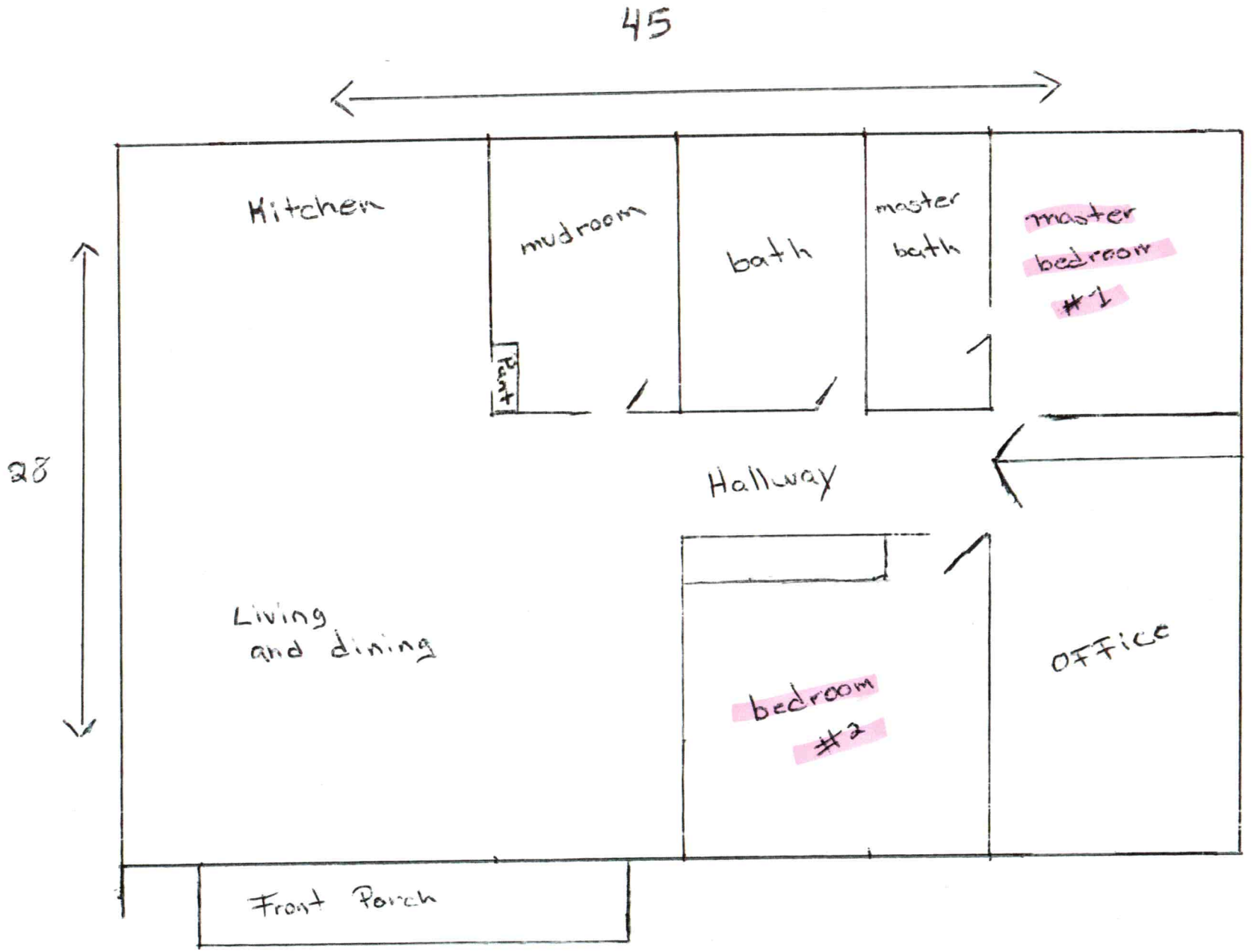
AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: Sarah Williams Date: 8/10/2023

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	


4743183011.000
75
4743173996.000
4743184060.000
WHITES MILL RD
PB 1-53
136
75
177
4743174736.000
4743175774.000
3
1
177
4
300
250
WALLACE RD
(145)
123
4743172679.000
4743174684.000
123
6
4743173534.000
4743175541.000
169


45
28
Kitchen
mudroom
bath
master bath
master bedroom #1
Hallway
Living and dining
bedroom #2
OFFICE
Front Porch